

Preliminary Report of Accident



1. Accident Type: Fatal Injury	2. Accident Classification Exploding Vessels under Pressure	3. Date/Time of Accident 01/11/2012 07:40 PM	4. Date/Time of Death 01/18/2012 04:12 PM	5. Fatal Case No 1
6. Mine Information :				
a) Mining Company Name Consolidation Coal Company		b) Mine Name Buchanan Mine #1		c) Parent of Mining Company CONSOL Energy Inc
7. Mine Location :			8. Mine ID Number:	9. Union:
a) City Mavisdale			b) County Buchanan	c) State VA
			44-04856	NO
10. Primary Mineral Mined: BITUMINOUS COAL UNDERGROUND	11. Number of Mine Employees:	a) Total 759	b) Underground 694	c) Open Pit/Quarry 53
		d) Mill/Prep Plant 12	e) Other 12	
12. Contractor Name:			13. Union	14. Contractor ID Number:
15. Contractor Address:				
a) City b) County c) State d) Zip Code				
16. Number of Contractor Employees:				
a) Total b) Underground c) Open Pit/Quarry d) Mill/Prep Plant e) Other				
17. Number of Persons in Mine at Time of Accident:				
a) Mine Employees: 132 b) Contractor Employees:				
18. Number of Persons Unaccounted For:				
a) Mine Employees: b) Contractor Employees:				
19) Location of Accident				20. Mining Height:
<input checked="" type="checkbox"/> 01-Underground <input type="checkbox"/> 03-Open Pit <input type="checkbox"/> 07-Advance Mining <input type="checkbox"/> 30-Mill/Prep Plant <input type="checkbox"/> Other (specify)				Feet Inches
<input type="checkbox"/> 02-Surface at Underground <input type="checkbox"/> 06-Dredge Mining <input type="checkbox"/> 08-Retreat Mining <input type="checkbox"/> 99-Office Facility				7
21. Nonfatal Injuries: 0		22. Fatal Injuries: 1		
23. Victim Information :				
a) Name b) Age				
Joe E. Saunders 44				
c) Regular Job Title: d) Activity at Time of Accident:				
Utility Utility <input checked="" type="checkbox"/> Mine Employee				
24. Experience :				
Years Weeks Days Years Weeks Days Years Weeks Days Years Weeks Days				
a) Total: 1 32 b) at the mine: 25 c) at activity (23d) 25 d) with Contractor				
25. Autopsy Performed: If Yes, Location				26. Mine Telephone No.: (276) 498-6900

27. Description of Accident (include equipment involved, the exact location in the mine, and status of rescue and recovery operations):

On January 11, 2012 at approximately 7:40 p.m., a miner was injured while repairing a damaged 1-1/2 inch fire valve along the main track/belt entry. When pressure was re-applied to the water line, the fire valve catastrophically failed, separated from the 6 inch water line and struck the victim in the forehead/face causing serious injuries. First aid was given and the injured miner was transported by ambulance to a local medical facility. Later in the evening, he was transferred to Bristol Regional Medical Center in Bristol, Tennessee where he received treatment in the Intensive Care Unit until January 18, 2012. At 16:12 on January 18, 2012 the victim died as a result of the injuries he sustained in the accident.

The information provided in this notice is based on preliminary data ONLY and does not represent final determinations regarding the nature of the incident or conclusions regarding the cause of the accident.

28. Equipment Manufacturer:		29. Model:	
30. District: C0500 Norton		32. Field Office: Vansant VA	
		33. Event Number: 4413274	
34. Accident Investigator: Jason D. Hess		35. MSHA Person Notified: Scott Beverly	
		Date 01/11/2012 08:03 P	
36. Type of Report: Amended		37. Name of Preparer and Date Prepared: Jason D. Hess	
		Date 01/19/2012	
38. Reason For Amendment: Changed from non-fatal to fatal			